

## **2015-2016 Provider Orientation**

**Questions from June 17 & 18, 2015**

### **Contract Compliance Reviews/QA:**

1. **A1-30- Do Providers need to maintain all required information in each Personnel File or can all Med Tech training information be maintained in one file?** Medication Technician Training can be maintained in a separate file. It does not have to be located in the employee's Personnel File.
2. **A1-30- If staff had initial Med Tech training several years ago but no certificate how can they correct this?** The Certificates have been a requirement for this Directive since it was initially developed. If a provider finds they do not have a certificate for employees, then a Request for Exception Form must be submitted. The Request must list the name of each employee for whom the exception is requested and documentation to verify their successful completion of the course.
3. **A1-30- What will Alliant need to review regarding Quarterly Oversight sessions?** The Med Tech Directive has always included a requirement for Quarterly Oversight. Nothing new is required now that the Key Indicator is in place, but Alliant will just verify the Quarterly Oversight is actually documented. Either an RN, LPN, or Registered Pharmacist is required to provide quarterly oversight, tailored to the specific needs of the agency and its Medication Technicians. Documentation of the type of oversight and evidence must be maintained in a centralized location for each provider agency. Typically, providers have had the nurse or pharmacist provide training in areas where errors have occurred or on specific types of medications (eye or ear drops, topicals, foods/ drinks to avoid when giving certain types of meds, etc...)
4. **A1-30- Can Providers use documentation that staff were trained by another Provider for Med Tech similar to supporting HRC meetings. (Reference to "Old Babcock Curriculum")?** As long as the other requirements in the Medication Technician Certification Directive are met, providers may contract with another agency to have staff trained. The agency employing/ contracting the Med Tech staff will be responsible for maintaining a copy of all documentation required for the review. If providers have questions about the Curriculum in place, please contact DDSN Quality Management.

5. **A1-30-Provider wanted to know if they needed post-test in file for Med Tech training.** Yes.
6. **A1-30-Provided asked if appropriate to show copy of test if they are unable to print a copy of other required information.** The tests may be used when submitting the Request for Exception when certificates are not available for each employee and/or if a roster of participants was not kept.
7. **A1-23- Will Providers be required to review 3<sup>rd</sup> shift in the homes or office of SLP IIs? Indicator addresses SLP I and not SLP II.** No. Providers are not expected to visit individual SLP II apartments, however visits to office locations are still required.
8. **G3-03-Provider wanted guidance regarding this indicator and the new information about 10 days. How will they know when assessment needed to be complete?** It has been recognized that consumers are often absent from day services for a variety of reasons. If a new consumer has been absent for much of the month, a provider can complete the Assessment based on the first 10 days of attendance. This is the 10 total days, not 10 consecutive days of attendance.
9. **G8-16 – If Providers re-do a Level of Care will this eliminate recoupment? Providers feel they should not have a recoupment for a do over on a Level of Care.** If the annual re-evaluation of the LOC is not fully completed by this date, then the file will be cited for non-compliance and subject to recoupment.
10. **Indicators for Waiver Case Management- When will these Indicators be effective?** Waiver Case Management Indicators (for ID/RD, CS, or HASCI) will not be applicable until SC DHHS determines the start date for these new services. SCDDSN will provide advance notification.
11. **Providers expressed concerns regarding not knowing when an Individual goes to the hospital and this being a citation; difficulty of notification and the need of services.** Each year, the individuals who are in the waivers (and therefore the individuals affected by this indicator) sign the Acknowledgment of Rights and Responsibilities Form. This form indicates that the individual has the responsibility to notify the CM about changes in their “condition or situation, i.e. hospitalization...” The CM should be sure to review this form and emphasize these points each year. Any services provided during the hospitalization will be subject to recoupment.
12. **EIBI providers wanted to know process of sample for Non-Waiver services and when exceptions are required for State Funded PDD**

**Waiver.** DDSN selects the sample for review based on services reported. There is a mix of PDD (Medicaid) Waiver participants and State Funded participants. The Key Indicators do not distinguish between the funding source.

13. **EIBI also questioned which Indicators to use and when the new Indicators would be fully functional.** The Indicator sections are marked by service category (EIBI is section G-12). FY16 Indicators are effective July 1, 2015.
14. **G12-07-Provider asked where to document regarding assessments.** The Autism Division will provide additional guidance directly to EIBI providers regarding the documentation of assessment information.
15. **G12-08- Providers wanted to know if they were required to have a Federal background check and SLED check.** Per EIBI Contracts developed by SCDHHS, providers will be required to have a Federal Background Check on all employees PRIOR to employment. (When requesting a Federal Check, a State/ SLED Check is included, so the provider does not request this information separately.) Annually, the employees must have a SLED Background Check.
16. **G12-08- Providers wanted to know if checks were required annually.** See response to #14.
17. **G12-08-Providers questioned if new staff hired prior to a QA review needed to demonstrate 12 hours of training (i.e., Staff hired on 9/1/15 and review starts on 9/2/15).** Newly hired staff are expected to complete the requirements of the new employee orientation. Upon completion of this training, employees are expected to have an additional 12 hours of training each year.
18. **G12-08 Providers asked the time frame of the required training hours. By the annual hire date?** Annual training is required within 12 months of the previous training date, unless the certification for the course has a given date of expiration.
19. **G12-08-Provider wants to know what documentation is acceptable for ANE training.** Providers must follow the training outlined in DDSN Directive 534-02-DD, including the Comprehension test for each employee. This training is required every 12 months.
20. **Provider wants to know if staff trained for CPR/First Aid and if this is effective for 2 years do they need to conduct refreshers annually?** The training is based on the dates identified on the certification card. DDSN accepts training from nationally certifying entities, such as the American Red Cross or American Heart Association.

21. **G12-08- Are PPD tests required annually and are they still required annually if paperwork states the PPD has an expiration date of 2 years in the future.** PPD tests are required annually.
22. **Provider stated that Bridges will not let them document a Begin/End date and can they document this information in another place.** The BRIDGES data system for kids from birth to age three does have a start and end date for services. There may be some concern that the date entered might not be the “actual” start date of the ABA services. The actual start date can be recorded in the provider’s service log in the BRIDGES system.
23. **Providers asked if they could see Parking Lot answers.** Responses to questions asked during the Orientation Session will be posted. Comments to the draft Key Indicators have already been distributed to providers.
24. **Providers asked where they could view most current FY16 Key Indicators.** The FY16 Key Indicators were emailed to distribution lists prior to the Orientation Sessions and a dated copy will posted to the DDSN Website under Quality Management by the end of the week.
25. **Providers want to make sure they have a recent FY16 Key Indicators that is dated.** (See #24 above).
26. **Will Providers receive a copy of the training information from today?** Yes. A copy of the orientation will be posted with responses to the parking lot questions.
27. **Provider wanted to know how to get in touch with staff with Alliant team members. Can they have all staff numbers? Who to contact during a QA review?** Contact information for the Alliant staff is indicated on the email notification of an upcoming review.

### **Licensing:**

1. **Providers wanted to know if they needed to receive multiple notifications via email for ROF being released. (Provider stated she received over 75 notifications).** Alliant is aware of concerns about multiple emails when there are multiple reports released at one time. Their system currently generates one email for each report released. They will look at options for notifying providers when a Report of Findings has been posted to the Poratl.
2. **Providers questioned how they would know difference of FY15 and FY16 reviews. Which year do they need to follow?** Follow-up reports will reference the date of the original review. Any documentation uploaded will need to indicate the report referenced.